



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

SALVADOR P BAYLAN MD PA

Respondent Name

CITY OF SAN ANTONIO

MFDR Tracking Number

M4-18-0294-01

Carrier's Austin Representative

Box Number 19

MFDR Date Received

October 5, 2017

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Some date of services were paid and some were denied... After follow up the status of the medical bills... we were advised of the TIME OF SUBMISSION EXPIRED."

Amount in Dispute: \$3,493.39

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The bills submitted under the correct claim number... were received on 6/9/17 well after the provider had been requested to resubmit billing under the correct claim. Original billing for these dates were submitted under a disputed claim... and denied per the PLN1 on file. Dates of service 12/15/16, 2/28/17 and 4/26/17 were not received on the correct claim and were processed to deny under disputed claim... per PLN1. Date of service 3/28/17, 5/30, 6/8 and 6/15/17 has been reprocessed..."

Response Submitted by: IMO

SUMMARY OF FINDINGS

| Dates of Service | Disputed Services | Amount In Dispute | Amount Due |
|--|---|-------------------|------------|
| October 18, 2016 through June 15, 2017 | 97113, 99213, 99212, 97110, 97140 and 97530 | \$3,493.39 | \$0.00 |

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.203 sets out the fee guideline for professional medical services.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits

- 219 – Based on extent of injury
- P6 – Based on entitlement to benefits

Issues

1. Do the disputed dates of service October 18, 2016 through February 28, 2017, March 28, 2017 and April 26, 2017 contain unresolved CEL issues?
2. Did the insurance carrier issue payment for disputed services rendered on May 30, 2017, June 1, 2017, June 6, 2017, June 8, 2017 and June 15, 2017?
3. Is the requestor entitled to additional reimbursement?

Findings

1. The requestor seeks reimbursement for CPT Codes 97113, 99213, 99212 and 97110 rendered on October 18, 2016 through February 28, 2017, March 28, 2017, and April 26, 2017. The insurance carrier denied these services with denial reduction code(s) "219 – Based on extent of injury" and "P6 – Based on entitlement to benefits."

28 Texas Administrative Code §133.305(b) states that if a dispute regarding extent of injury exists for the same service for which there is a medical fee dispute, the dispute regarding extent of injury shall be resolved prior to the submission of a medical fee dispute.

Documentation provided by the parties indicates that the insurance carrier denied payment to the requestor due to an unresolved extent of injury issue. The carrier's explanation of benefits was timely presented to the requestor in the manner required by 28 Texas Administrative Code §133.240.

These services in dispute contain an unresolved extent of injury issue. For that reason, this matter is not eligible for adjudication of a medical fee under 28 Texas Administrative Code §133.307.

The Division hereby notifies the requestor that the appropriate process to resolve the extent of injury issue is found a Texas Labor Code, Chapter 410, and corresponding 28 Texas Administrative Code §141.1. The requestor may choose to file the required DWC Form-045 titled *Request to Schedule, Reschedule, or Cancel a Benefit Review Conference (BRC)* to resolve this matter. A copy of the form and corresponding instructions are attached.

This dismissal is not a final decision by the Division of Workers' Compensation. 28 Texas Administrative Code §133.307 (c)(1)(B) states that a request for medical fee dispute resolution may be filed 60 days after a requestor has received an approved agreement or a final decision and order that resolves the extent of injury denial. If you require assistance, you may contact CompConnection for HealthCare providers, toll free at (800) 252-7031 option 3.

2. The requestor seeks reimbursement for CPT Codes 99213, 97140 and 97530 rendered on May 30, 2017, June 1, 2017, June 6, 2017, June 8, 2017 and June 15, 2017. Review of the EOBs presented by both parties, support that payment was issued for these disputed services pursuant to 28 Texas Administrative Code §134.203, which states in pertinent part, "(c) To determine the MAR for professional services, system participants shall apply the Medicare payment policies with minimal modifications. (1) For service categories of Evaluation & Management, General Medicine, Physical Medicine and Rehabilitation, Radiology, Pathology, Anesthesia, and Surgery when performed in an office setting, the established conversion factor to be applied is \$52.83. For Surgery when performed in a facility setting, the established conversion factor to be applied is \$66.32. (2) The conversion factors listed in paragraph (1) of this subsection shall be the conversion factors for calendar year 2008. Subsequent year's conversion factors shall be determined by applying the annual percentage adjustment of the Medicare Economic Index (MEI) to the previous year's conversion factors, and shall be effective January 1st of the new calendar year."

Per 28 Texas Administrative Code §134.203 "(h) When there is no negotiated or contracted amount that complies with Labor Code §413.011, reimbursement shall be the least of the: (1) MAR amount; (2) health care provider's usual and customary charge, unless directed by Division rule to bill a specific amount; or (3) fair and reasonable amount consistent with the standards of §134.1 of this title."

The division will calculate the reimbursement for each disputed code to determine if the requestor is entitled to an additional payment. The following was found:

- CPT code 97140 rendered on May 30, 2017, is a professional service paid per Rule §134.203(c). For this code, the relative value (RVU) for work of 0.43 multiplied by the geographic practice cost index (GPCI) for work of 1 is 0.43. The practice expense (PE) RVU of 0.41 multiplied by the PE GPCI of 0.929 is 0.38089. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.809 is 0.00809. The sum of 0.81898 is multiplied by the division conversion factor of \$57.50 for a MAR of \$47.09. Per Medicare policy, when more than one unit of designated therapy services is billed, full payment is made for the first unit of the code with the highest practice expense. Payment for each subsequent unit is reduced by 50% of the practice expense. This code has the highest PE for this date. The first unit is paid at \$47.09. Per Rule §134.203(h), reimbursement is the lesser of the MAR or the provider's usual and customary charge. The lesser amount is \$45.00.

Review of the submitted documentation supports that the insurance carrier issued a payment in the amount of \$45.00 under check #6117008 issued on 8/11/207. As a result, no additional reimbursement can be recommended.

- CPT code 97140 rendered on June 1, 2017, is paid per Rule §134.203(c). For this code, the relative value (RVU) for work of 0.43 multiplied by the geographic practice cost index (GPCI) for work of 1 is 0.43. The practice expense (PE) RVU of 0.41 multiplied by the PE GPCI of 0.929 is 0.38089. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.809 is 0.00809. The sum of 0.81898 is multiplied by the division conversion factor of \$57.50 for a MAR of \$47.09. Per Medicare policy, when more than one unit of designated therapy services is billed, full payment is made for the first unit of the code with the highest practice expense. Payment for each subsequent unit is reduced by 50% of the practice expense. This code has the highest PE for this date. The first unit is paid at \$47.09. Per Rule §134.203(h), reimbursement is the lesser of the MAR or the provider's usual and customary charge. The lesser amount is \$45.00.

Review of the submitted documentation supports that the insurance carrier issued a payment in the amount of \$45.00 under check #6117008 issued on 8/11/207. As a result, no additional reimbursement can be recommended.

- CPT code 97140 rendered on June 6, 2017, is paid per Rule §134.203(c). For this code, the relative value (RVU) for work of 0.43 multiplied by the geographic practice cost index (GPCI) for work of 1 is 0.43. The practice expense (PE) RVU of 0.41 multiplied by the PE GPCI of 0.929 is 0.38089. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.809 is 0.00809. The sum of 0.81898 is multiplied by the division conversion factor of \$57.50 for a MAR of \$47.09. Per Medicare policy, when more than one unit of designated therapy services is billed, full payment is made for the first unit of the code with the highest practice expense. Payment for each subsequent unit is reduced by 50% of the practice expense. This code has the highest PE for this date. The first unit is paid at \$47.09. Per Rule §134.203(h), reimbursement is the lesser of the MAR or the provider's usual and customary charge. The lesser amount is \$45.00.

Review of the submitted documentation supports that the insurance carrier issued a payment in the amount of \$45.00 under check #6117008 issued on 8/11/207. As a result, no additional reimbursement can be recommended.

- CPT code 97140 rendered on June 8, 2017, is paid per Rule §134.203(c). For this code, the relative value (RVU) for work of 0.43 multiplied by the geographic practice cost index (GPCI) for work of 1 is 0.43. The practice expense (PE) RVU of 0.41 multiplied by the PE GPCI of 0.929 is 0.38089. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.809 is 0.00809. The sum of 0.81898 is multiplied by the division conversion factor of \$57.50 for a MAR of \$47.09. Per Medicare policy, when more than one unit of designated therapy services is billed, full payment is made for the first unit of the code with the highest practice expense. Payment for each subsequent unit is reduced by 50% of the practice expense. This code has the highest PE for this date. The first unit is paid at \$47.09. Per Rule §134.203(h), reimbursement is the lesser of the MAR or the provider's usual and customary charge. The lesser amount is \$45.00.

Review of the submitted documentation supports that the insurance carrier issued a payment in the amount of \$45.00 under check #6117008 issued on 8/11/207. As a result, no additional reimbursement can be recommended.

- CPT code 97530 rendered on June 15, 2017, is paid per Rule §134.203(c). For this code, the relative value (RVU) for work of 0.44 multiplied by the geographic practice cost index (GPCI) for work of 1 is 0.44. The practice expense (PE) RVU of 0.54 multiplied by the PE GPCI of 0.929 is 0.50166. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.809 is 0.00809. The sum of 0.94975 is multiplied by the division conversion factor of \$57.50 for a MAR of \$54.61. Per Medicare policy, when more than one unit of designated therapy services is billed, full payment is made for the first unit of the code with the highest practice expense. Payment for each subsequent unit is reduced by 50% of the practice expense. This code has the highest PE for this date. The first unit is paid at \$54.61. The PE reduced rate is \$40.19 at 2 units is \$80.38. The total is \$134.99.

Review of the submitted documentation supports that the insurance carrier issued a payment in the amount of \$54.61 under check #6117008 issued on 8/11/207. Review of the insurance carrier's position summary indicates an additional payment in the amount of \$80.38 was issued for the disputed charges, for a total payment of \$134.99 issued by the insurance carrier. As a result, no additional reimbursement can be recommended.

The Division finds that the requestor is not entitled to additional reimbursement for the disputed dates of service indicated above. As a result, \$0.00 is recommended.

3. Review of the submitted documentation finds that the requestor is not entitled to additional reimbursement for the disputed services.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

| | | |
|-----------|--|------------------|
| _____ | _____ | November 3, 2017 |
| Signature | Medical Fee Dispute Resolution Officer | Date |

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, *37 Texas Register 3833*, **applicable to disputes filed on or after June 1, 2012**.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.